

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

9/955657

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	4/8/05					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.	5					
TOTAL DEP.	20					
TOTAL CLAIMS	25					